

STATE HEALTH BENEFITS PROGRAM

PLAN COMPARISON SUMMARY

FOR ALL RETIREES

EFFECTIVE APRIL 1, 2008

The New Jersey State Health Benefits Program *Plan Comparison Summary* provides a way for retirees to compare the benefits of the medical plans offered by the State Health Benefits Program (SHBP). If you are new to the SHBP, or a SHBP member who is considering a different medical plan, the *Plan Comparison Summary* is useful in selecting a plan. For members who want to know more about their current plan, the *Plan Comparison Summary* is a quick reference to the services offered.

The following sections summarize SHBP plan designs and general policies of the SHBP. Inside, the comparison chart summarizes the benefits each plan provides for specified services.

MEDICARE AND THE SHBP

A retiree or covered dependent, who is eligible for Medicare by reason of attaining age 65 or through Social Security disability, must be enrolled in both Part A and Part B of the federal Medicare program in order to be eligible for coverage through the SHBP. Failure to enroll in both Part A and Part B of Medicare when eligible will result in the termination of coverage through the SHBP.

SHBP MEDICAL PLANS

The SHBP offers retirees the choice of a Preferred Provider Organization, with two options known as **NJ DIRECT10¹** and **NJ DIRECT15** (administered for the SHBP by Horizon Blue Cross Blue Shield of New Jersey), or two HMO plans — **Aetna HMO** and **CIGNA HealthCare**.

All SHBP medical plans are managed care plans, meaning that they provide coverage for preventive care such as annual checkups and screening tests, well-baby visits, and immunizations, in the hope of avoiding serious illness and more costly treatment.

NJ DIRECT10¹ and **NJ DIRECT15** provide both *in-network* and *out-of-network* medical care. Under NJ DIRECT10 or NJ DIRECT15, members may see any physician, nationwide, and do not need to select a Primary Care Physician (PCP) for in-network care.

In-network care is provided through a network of providers that includes internists, general practitioners, specialists, pediatricians, and hospitals.

No referrals are needed for visits to a specialist. If the physician participates in the Horizon BCBSNJ Managed Care Network, the member only pays the appropriate copayment². Members living outside of New Jersey can utilize physicians participating in the national Blue Cross Blue Shield Network. In-network hospital admissions are also covered in full³.

If the physician *does not* participate in the Horizon BCBSNJ Managed Care Network or the national network, the services will be considered *out-of-network*. Contact your doctor to see if he or she participates in the Horizon BCBSNJ Managed Care or national network. To find current participating physicians in New Jersey, use the SHBP Unified Provider Directory. To find a participating physician outside of New Jersey, contact Horizon BCBSNJ directly. Plan telephone numbers and Web site addresses are listed on the enclosed comparison chart.

Out-of-network benefits provide reimbursement for eligible services rendered for the treatment of illness and injury. Most out-of-network care is reimbursed at a percentage of “reasonable and customary” allowances after a member’s annual deductible is met. Out-of-network hospital admissions are subject to a separate deductible⁴.

NJ DIRECT10 and NJ DIRECT15 both include annual maximum out-of-pocket amounts. This means that when a member’s, or family’s, out-of-pocket maximum

(continued inside)

¹ Certain State retirees may not be eligible for NJ DIRECT10.

² Certain in-network covered benefits require 10% member coinsurance.

³ Certain services may require pre-certification from Horizon BCBSNJ. Services that require a pre-certification, but are not pre-certified, will be paid at out-of-network benefit levels and will not count towards out-of-pocket maximums.

⁴ Local Education retirees are not subject to the separate hospital deductible; copayments and in-network out-of-pocket expenses apply to out-of-network out-of-pocket maximum under NJ Direct10.

is reached, covered benefits are paid at 100 percent of the allowance through the remainder of the calendar year³.

Aetna HMO and **CIGNA HealthCare** have expanded networks that provide services nationwide. When you enroll in an HMO you must select a Primary Care Physician (PCP) from a group of participating providers contracted by the HMO.

All services, except emergencies and as indicated on the enclosed comparison chart, are coordinated through your PCP. If you require the care of a specialist, your PCP will refer you to a specialist who participates in the HMO network. Electronic referrals are used by the HMOs and, therefore, no paperwork is required. Specialist services rendered without a valid referral, or by a provider who does not participate in the HMO (except for emergencies), will not be paid by the HMO.

HMOs have no deductibles (except for Durable medical equipment) or claim forms to file, however, you are required to pay a copayment for visits to your PCP or a referred specialist. There are no out-of-network benefits, or out-of-pocket maximum amounts under an HMO.

If you are considering an HMO, contact your doctor's office to see if they participate in the HMO you have selected. To find current participating physicians in New Jersey, use the SHBP Unified Provider Directory. To find a participating physician outside of New Jersey, contact the HMO directly. Plan telephone numbers and Web site addresses are listed on the enclosed comparison chart.

DEFINITIONS

A **copayment** is the fee paid by the member to the in-network physician at the time covered services are rendered.

Coinsurance is the portion of the eligible charge that is the member's responsibility for out-of-network and some in-network services (durable medical equipment and ambulance). When utilizing out-of-network providers, charges above the "reasonable and customary" allowance are the member's responsibility but are not considered "coinsurance" for the purposes of out-of-pocket maximums.

Pre-certification requires that the member (or the treating physician/facility) receive prior authorization from the medical plan to determine medical necessity before certain services are provided. Some examples of services that require pre-certification are inpatient admissions, reconstructive procedures, durable medical equipment purchases, specialty pharmaceuticals, hospice, and home health care. A detailed list is available from your medical plan.

DUAL HMO ENROLLMENT IS PROHIBITED

State statute specifically prohibits two employees/retirees who are both enrolled in the SHBP and who are married to each other, civil union partners, or eligible domestic partners from enrolling under both of the SHBP's HMO plans. One member may belong to an HMO as an employee or as a dependent but not as both.

For example, if two members are married to each other, each may enroll for single coverage under either of the HMOs, or one member can enroll the other as a dependent under an HMO if the other person enrolls in NJ DIRECT10 or NJ DIRECT15.

Furthermore, two SHBP members cannot both cover the same children as dependents under both of the SHBP HMO plans.

In cases of divorce, dissolution of a civil union or domestic partnership, or single parent coverage of dependents, there is no coordination of benefits under two HMO plans.

AUDIT OF DEPENDENT COVERAGE

Periodically, the SHBP performs an audit using a random sample of members to determine if dependents are eligible under plan provisions. Proof of dependency such as a marriage, civil union, or birth certificate is required. Coverage for ineligible dependents will be terminated. Failure to respond to the audit will result in the termination of dependents from SHBP coverage and may include financial restitution for claims paid.

HEALTH CARE FRAUD

Health care fraud is an intentional deception or misrepresentation that results in an unauthorized benefit to a member or to some other person. Any individual who willfully and knowingly engages in an activity intended to defraud the SHBP will face disciplinary action that could include termination of employment and may result in prosecution. Any member who receives monies fraudulently from a health plan will be required to fully reimburse the plan.

DENTAL COVERAGE FOR RETIREES

Retirees who enroll in the SHBP are eligible, at the time of retirement, to enroll themselves and their eligible dependents in the Retiree Dental Expense Plan. For more information about the plan, see Fact Sheet #73, *Retiree Dental Expense Plan*.

(continued on last page)

³ Certain services may require pre-certification from Horizon BCBSNJ. Services that require a pre-certification, but are not pre-certified, will be paid at out-of-network benefit levels and will not count towards out-of-pocket maximums.

STATE HEALTH BENEFITS PROGRAM COMPARISON CHART FOR ALL RETIREES

PLAN NAME TELEPHONE NUMBER and WEB SITE	#019 - AETNA HMO 1-877-STATE NJ (1-877-782-8365) www.aetna.com/statenj	#020 - CIGNA HEALTHCARE 1-800-564-7642 www.cigna.com/stateofnj	#050 - NJ DIRECT10 / #150 - NJ DIRECT15 1-800-414-SHBP (1-800-414-7427) www.horizonblue.com/shbp	
			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SERVICE AREAS	Nationwide	Nationwide	Nationwide	Nationwide
PRIMARY AND PREVENTIVE CARE				
PHYSICIAN (OFFICE VISITS)	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible; no coverage for wellness care
ANNUAL ROUTINE PHYSICAL EXAMS	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
ROUTINE CHILD AND WELL-BABY CARE	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
IMMUNIZATIONS (EXCEPT FOR TRAVEL AND/OR JOB RELATED)	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered except for children under 12 months; 80% / 70% after deductible
ANNUAL ROUTINE GYNECOLOGICAL EXAMS	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
ANNUAL ROUTINE MAMMOGRAM (ONE ANNUAL MAMMOGRAM FOR WOMEN AGE 40 AND OVER)	100%; no copayment (no referral needed if using network provider)	100%; no copayment	100%; no copayment	80% / 70% after deductible
PROSTATE SCREENING (ONE ANNUAL PROSTATE SCREENING FOR MEN AGE 40 AND OVER)	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
ANNUAL ROUTINE EYE EXAMINATIONS	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 / \$15 copayment per visit	Not covered
HEARING AIDS	Not covered	Not covered	Not covered	Not covered

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; Out-of-Network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

PLAN NAME TELEPHONE NUMBER and WEB SITE	#019 - AETNA HMO 1-877-STATE NJ (1-877-782-8365) www.aetna.com/statenj	#020 - CIGNA HEALTHCARE 1-800-564-7642 www.cigna.com/stateofnj	#050 - NJ DIRECT10 / #150 - NJ DIRECT15 1-800-414-SHBP (1-800-414-7427) www.horizonblue.com/shbp	
			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SPECIALTY AND OUTPATIENT CARE				
SPECIALIST OFFICE VISITS	100% after \$10 copayment per visit; PCP referral required	100% after \$10 copayment per visit; PCP referral required	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible; no coverage for wellness care
ALLERGY TESTING	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
ALLERGY TREATMENT ROUTINE INJECTIONS	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
PRENATAL CARE/ MATERNITY CARE	\$10 copayment for first prenatal office visit then 100% covered. Beginning Right Maternity Program - a voluntary prenatal education program	\$10 copayment for first prenatal office visit then 100% covered. Healthy Babies - a voluntary prenatal education program	\$10 / \$15 copayment for first prenatal office visit then 100% covered. Precious Additions - a voluntary prenatal education program	80% / 70% after deductible
INFERTILITY SERVICES (MUST BE PRE-CERTIFIED)	Diagnosis covered after \$10 copayment; treatment covered with limitations after \$10 copayment	Diagnosis covered after \$10 copayment; treatment covered with limitations after \$10 copayment	Diagnosis covered after \$10 / \$15 copayment; treatment covered with limitations after \$10 / \$15 copayment	Diagnosis covered at 80% / 70% after deductible; treatment covered with limitations at 80% / 70% after deductible
OUTPATIENT FACILITY VISITS				
CHEMOTHERAPY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
RADIATION THERAPY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
INFUSION THERAPY	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
X-RAYS AND LAB TESTS (OUTPATIENT)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
OUTPATIENT THERAPY (SPEECH,² OCCUPATIONAL, PHYSICAL)	100%; after \$10 copayment per visit; limit of 60 visits per condition per calendar year	100%; after \$10 copayment per visit; limit of 60 visits per condition per calendar year	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; Out-of-Network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

² Speech therapy limited to: restoration after a loss or impairment of a demonstrated previous ability to speak; develop or improve speech after surgical correction of a birth defect.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SPECIALTY AND OUTPATIENT CARE				
OUTPATIENT CARDIAC REHABILITATION THERAPY	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
CHIROPRACTIC CARE	100%; after \$10 copayment per visit; limit of 20 visits per calendar year; PCP referral required	100%; after \$10 copayment per visit; limit of 20 visits per calendar year	100% after \$10 / \$15 copayment per visit; limit of 30 visits per calendar year combined in-network and out-of-network	80% / 70% after deductible for up to 30 visits per calendar year combined in-network and out-of-network
HOME HEALTH CARE	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 80% / 70% after deductible with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered
HOSPICE CARE (OUTPATIENT)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
DURABLE MEDICAL EQUIPMENT (DME)	\$100 deductible; then 100% for rest of calendar year	\$100 deductible; then 100% for rest of calendar year	90%; no copayment	80% / 70% after deductible
PROSTHETIC DEVICES (MUST BE APPROVED IN ADVANCE)	\$100 deductible; then 100% for rest of calendar year; combined deductible with Durable Medical Equipment	\$100 deductible; then 100% for rest of calendar year; combined deductible with Durable Medical Equipment	90%; no copayment	80% / 70% after deductible
INPATIENT SERVICES				
HOSPITAL (ROOM AND BOARD AND OTHER INPATIENT SERVICES)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after separate \$200 deductible ³ per hospital stay
SKILLED NURSING FACILITIES	100%; no copayment; for up to 120 days per calendar year	100%; no copayment; for up to 120 days per calendar year	100%; no copayment; for up to 120 days per calendar year; combined in-network and out-of-network	80% / 70% after deductible; for up to 60 days per calendar year; combined in-network and out-of-network
HOSPICE FACILITY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
INPATIENT VISITS	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; Out-of-Network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the “reasonable and customary” fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

³ Local Education retirees are not subject to the separate hospital deductible.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SURGERY AND ANESTHESIA				
INPATIENT SURGERY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
OUTPATIENT SURGERY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
MENTAL HEALTH				
INPATIENT TREATMENT⁴	100%; no copayment; up to 35 days per calendar year	100%; no copayment; up to 35 days per calendar year	100%; no copayment; up to 25 days per calendar year; balance at 90% up to annual and/or lifetime maximums	50 days per calendar year at 50% after deductible up to annual and/or lifetime maximums
OUTPATIENT TREATMENT⁴	100% after \$10 copayment per visit; up to 30 visits per calendar year	100% after \$10 copayment per visit; up to 30 visits per calendar year	90% up to annual and/or lifetime maximums	80% / 70% after deductible up to annual and/or lifetime maximums
ALCOHOL AND DRUG ABUSE				
INPATIENT TREATMENT	100%; no copayment; up to 28 days per occurrence per calendar year	100%; no copayment; up to 28 days per occurrence per calendar year	Same as any other illness	Same as any other illness
INPATIENT DETOXIFICATION	100%; no copayment	100%; no copayment	Same as any other illness	Same as any other illness
OUTPATIENT TREATMENT	100%; no copayment; up to 60 visits per calendar year	100%; no copayment; up to 60 visits per calendar year	100%; no copayment; no visit limit	80% / 70% after deductible
INPATIENT REHABILITATION	100%; no copayment; up to 28 days per occurrence per calendar year	100%; no copayment; up to 28 days per occurrence per calendar year	Same as any other illness	Same as any other illness
OUTPATIENT DETOXIFICATION	100%; no copayment	100%; no copayment	Same as any other illness	Same as any other illness

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; Out-of-Network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

⁴ Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
EMERGENCY CARE				
HOSPITAL EMERGENCY ROOM (COPAYMENT WAIVED IF ADMITTED)	100% after \$35 copayment	100% after \$35 copayment	100% after \$25 / \$50 ⁵ copayment	100% after \$25 / \$50 ⁵ copayment
AMBULANCE (FOR EMERGENCY TRANSPORTATION ONLY)	100%; no copayment	100%; no copayment	90%; no copayment	80% / 70% after deductible
VOLUNTARY PROGRAMS				
DISEASE MANAGEMENT PROGRAMS ⁶	Asthma, Chronic Heart Failure, Chronic Hepatitis, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Chron's Disease, Coronary Artery Disease, Diabetes, Gastro Esophageal Reflux, Inflammatory Bowel Disease, Low Back Pain, and Weight Management	Asthma, Chronic Obstructive Pulmonary Disease, Diabetes, Heart Disease, Hepatitis C, Inflammatory Bowel Disease, Low Back Pain, Osteoarthritis, Osteoporosis, and Weight Complications	Asthma, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Heart Failure, Hepatitis C, Obesity, and Multiple Sclerosis	Asthma, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Heart Failure, Hepatitis C, Obesity, and Multiple Sclerosis
PLAN DEDUCTIBLES, OUT-OF-POCKET MAXIMUMS, AND ANNUAL/LIFETIME BENEFIT MAXIMUMS				
DEDUCTIBLES (INDIVIDUAL)	None	None	None	\$100 per calendar year; \$200 per hospital admission ³
DEDUCTIBLES (FAMILY MAXIMUM)	None	None	None	\$250 per family, per calendar year; \$200 per hospital admission ³
MAXIMUM OUT-OF-POCKET (INDIVIDUAL)	No maximum	No maximum	\$400 per calendar year (coinsurance only ⁷)	\$2,000 per calendar year (coinsurance only)
MAXIMUM OUT-OF-POCKET (FAMILY)	No maximum	No maximum	\$1,000 per calendar year (coinsurance only ⁷)	\$5,000 per calendar year (coinsurance only)
MAXIMUM PLAN COVERED EXPENSES ANNUAL/LIFETIME	Unlimited	Unlimited	Unlimited ⁸	\$1,000,000 lifetime ⁸

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; Out-of-Network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

³ Local Education retirees are not subject to the separate hospital deductible.

⁵ NJ DIRECT10 emergency room copayment is \$25; NJ DIRECT15 emergency room copayment is \$50.

⁶ Most disease management programs provide educational materials, and in some cases, individualized case management for members with an emphasis on health education and behavior modification.

⁷ Local Education retirees in NJ DIRECT10 includes coinsurance and copayments plus in-network out-of-pocket expenses apply to out-of-network out-of-pocket maximum.

⁸ \$15,000 annual mental health; \$50,000 lifetime mental health. Up to \$2,000 restoration feature each year with a lifetime maximum of \$50,000. Biologically-based mental health conditions are treated like any other illness and not subject to annual or lifetime mental health dollar maximums or separate mental health visit limits.

IF MEDICARE IS YOUR PRIMARY PAYER

For NJ DIRECT out-of-network coverage, claims are first submitted to Medicare and then, depending where the services were provided, unreimbursed expenses may be sent to your SHBP plan by the Medicare carrier for further reimbursement. The member may still have out-of-pocket expenses such as deductibles and costs above “reasonable and customary” allowances.

Under HMO and NJ DIRECT in-network benefits, coordination of benefits occurs but is handled by the provider or the plan, so that benefits and procedures remain the same for enrollees regardless of Medicare payment. Enrollees simply pay the regular copayment to the provider. Deductibles and coinsurance required by Medicare will be paid in full by your health plan.

If the SHBP plan does not receive the Medicare claim information automatically, you must submit the claim directly to your SHBP plan along with a copy of the *Medicare Evidence of Insurability* statement.

MEDICARE PART D INFORMATION

All SHBP retiree plans include prescription drug benefits. The SHBP’s current prescription drug benefits meet the Medicare Part D prescription drug coverage standards. Most Medicare eligible retirees and/or their

Medicare eligible dependents need not enroll in Medicare Part D. Some SHBP members who qualify for low income subsidy programs may find it beneficial to enroll in Medicare Part D. However, once you and/or your dependents enroll in Medicare Part D, your SHBP retired group prescription drug benefits will be terminated for you and all of your dependents.

UNIFIED PROVIDER DIRECTORY

The **Unified Provider Directory** contains timely and comprehensive information about health care providers and facilities in New Jersey and neighboring states that deliver services through one or more of the SHBP’s managed-care plans. View the Unified Provider Directory at: www.state.nj.us/treasury/pensions/shbp.htm For other states, contact the medical plan’s customer service telephone number or Web site for provider information. (See chart.)

MORE INFORMATION

For more information about eligibility and enrollment in the SHBP, see the *NJ DIRECT*, *Aetna HMO*, or *CIGNA HealthCare Member Handbooks* — available from the Division of Pensions and Benefits, or over the Internet at: www.state.nj.us/treasury/pensions/shbp.htm

PRESCRIPTION DRUG COVERAGE FOR RETIREES									
PLAN NAME TELEPHONE NUMBER and WEB SITE	#019 - AETNA HMO 1-877-STATE NJ (1-877-782-8365) www.aetna.com/statenj		#020 - CIGNA HEALTHCARE 1-800-564-7642 www.cigna.com/stateofnj		#050 - NJ DIRECT10 / #150 - NJ DIRECT15 1-800-414-SHBP (1-800-414-7427) www.horizonblue.com/shbp				
					Local Education Retirees		State and Local Government Retirees		
RETIREE PRESCRIPTION DRUG ⁹ All SHBP plans include prescription drug coverage for retirees	PHARMACY Copayment for 30-day supply		PHARMACY Copayment for 30-day supply		PHARMACY Copayment ¹⁰ for 30-day supply		PHARMACY Copayment ¹⁰ for 30-day supply		
	Generic	\$5	Generic	\$5	Generic	\$8	Generic	\$9	
	Preferred brand	\$10	Preferred brand	\$10	Preferred brand	\$17	Preferred brand	\$18	
	Other brands	\$20	Other brands	\$20	Other brands	\$34	Other brands	\$36	
	MAIL ORDER Copayment for 90-day supply		MAIL ORDER Copayment for 90-day supply		MAIL ORDER Copayment ¹⁰ for 90-day supply		MAIL ORDER Copayment ¹⁰ for 90-day supply		
	Generic	\$5	Generic	\$5	Generic	\$8	Generic	\$9	
	Preferred brand	\$15	Preferred brand	\$15	Preferred brand	\$25	Preferred brand	\$27	
	Other brands	\$25	Other brands	\$25	Other brands	\$42	Other brands	\$45	
⁹ Certain prescription drugs may require precertification prior to purchase. Please contact your plan for details. ¹⁰ The NJ DIRECT maximum out-of-pocket for prescription drug copayments per member is \$1,082 per year for Local Education retirees or \$1,092 per year for State or Local Government retirees. Once a person has paid the maximum in prescription drug copayments in the calendar year, that person is no longer required to pay any prescription drug copayments for the remainder of the calendar year.									

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This is a summary and not intended to provide total information. Although every attempt at accuracy is made, it cannot be guaranteed.

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